

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Kristal Voss</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Kristal Voss</i> C. Date of Delivery <i>10-3-07</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to:			
Dr. Shuister c/o Tallapoosa County Jail 316 Industrial Park Drive Dadeville, AL 36104 07CV893		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from serv)		7003 0500 0000 1377 7365	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:			
Jimmy Abbott c/o Tallapoosa County Jail 316 Industrial Park Drive Dadeville, AL 36104 07CV893		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from serv)		7003 0500 0000 1377 7341	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:

Cathy Dubose
c/o Tallapoosa County Jail
316 Industrial Park Drive
Dadeville, AL 36104

07CW873

2. Article Number
(Transfer from service label)

7003 0500 0000 1377 7372

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kristal Voss*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kristal Voss

C. Date of Delivery

*10-3-07*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

llllllllllll
osa County Jail
ustrial Park Dr.
e, AL 36853

07CW873

2. Article Number
(Transfer from service label)

7003 0500 0000 1377 7389

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kristal Voss*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kristal Voss

C. Date of Delivery

*10-3-07*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes